POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ST		2-3-0
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	CM	71632	3/10/0
RESPONSE FORMALITY REVIEW	CM	7632	4/2/0

INDEX OF CLAIMS

✔ .... Rejected		N .... Non-elected
= .... Allowed		I .... Interference
− (Through numeral)... Canceled		A .... Appeal
÷ .... Restricted		O .... Objected

Claim Final	Original	06 12 03	13 03	06 13 04					Date
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2	2	✔	✔	✔					
3	3	✔	✔	✔					
4	4	✔	✔	✔					
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Claim Final	Original						Date
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If more than 150 claims or 10 actions
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